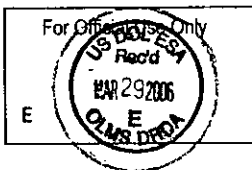


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>25147</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>Samuel</u> <u>A</u> <u>Warren</u> P.O. Box, Bldg., Room No., if any <u> </u> Street <u>5026 2nd Ave. NE</u> City <u>Tulalip</u> State <u>Washington</u> ZIP Code + 4 <u>98271-7330</u>	4. Name, file number, and address of labor organization. Name <u>Local Union 1144</u> Labor Organization File Number <u>516190</u> P.O. Box, Building and Room Number, if any <u> </u> Street <u>2800 -1st Ave. Rm. 312</u> City <u>Seattle</u> State <u>Washington</u> ZIP Code + 4 <u>98121</u>
5. Position in labor organization. <u>Delegate</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

<p>A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.</p>	
<p>6. Name and address of Employer (including trade name, if any):</p> <p>Name <input type="text" value="Carpenters-Empl.App. & Training Trust of W.WA"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text" value="20424 72nd Ave. S"/></p> <p>City <input type="text" value="Kent"/></p> <p>State <input type="text" value="Washington"/> ZIP Code + 4 <input type="text" value="98032"/></p>	<p>7.a. Nature of Interest, Transaction, or Income.</p> <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> <p>Employment Income</p> </div> <p>7.b. Amount.</p> <div style="border: 1px solid black; padding: 5px; width: 150px; margin-left: auto;"> <p>\$24,257</p> </div>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Samuel A. Warren

On

03/20/2006

Date _____

360-658-8890

Telephone Number _____

Name of Person Filing Samuel Warren

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name N/A

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name N/A

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

N/A

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

N/A

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Carpenters-Empl.App.& Training Trust of W.WA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 20424 72nd Ave S.

City Kent

State Washington ZIP Code + 4 98032

14.a. Nature of payment.

Travel and mileage expenses reimbursed

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$40